



ENSURING ACCESS TO QUALITY
HEALTH CARE IN CENTRAL ASIA

FOCUS GROUP DISCUSSIONS REPORT:

Acute Respiratory Infections (ARIs): Public Perceptions about Signs, Symptoms, and Treatment

Authors:

Center for Social Research "Expert-Fikri"

September, 2001

Ferghana, Uzbekistan



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Volume 1: Final Report

Main Conclusions and Recommendations

The discussions held in the Ferghana area have shown that acute respiratory infections (ARIs) in children are a more familiar subject to residents than, for example, anemia, adequate nutrition or health reforms. People's encounters with ARIs begin, literally, from the time their child is born; therefore, they have already gained a rich experience of combating these diseases and their recommendations only differ slightly from the advice of doctors pertaining to ARI.

The symptoms of ARI are known to most participants sufficiently well. Nevertheless, some respondents who have wrongful ideas about ARI categorize them as gastrointestinal problems or anemia. In principle, the majority correctly understand the mechanism of ARI transmission from a sick person to a healthy one and therefore they list behaviors of sick people which are in line with recommendations of doctors and their own experience. The complications of ARI resulting from wrong or untimely treatment are also known to most participants.

People gained huge ARI home treatment experience. We can say with confidence that ARIs are the group of diseases which are treated mainly at home and mostly without referring to a doctor. The practices of most people show that in the case of ARIs, temperature, as a rule, rises, and the ways of subduing fever are well known. The home treatment of ARI is based on the three following ground rules:

- Keeping a sick person warm (provided that he/she has normal temperature);
- Giving him/her plenty of fluids; and
- Cleansing infected sites.

People rather reluctantly use medications (antibiotics) and try to limit their use to cases when traditional treatment methods (rubdowns, liquors, stem inhalations, and so on) are ineffective. They refer to doctors only if after 2-3 days of home treatment a sick person does not show improvement. The most common ARI treatment methods and medications are described in Chapter III.1. Residents have quite good knowledge of giving food and drinks as well as knowing how to dress sick children properly.

The general attitude towards high temperature is limited to efforts on bringing it down. The discussion participants use both medications and home remedies to achieve this goal. Paracetamol and aspirin are popular anti-fever drugs given to children (the latter, is, in addition, considered to be detrimental for children). Home remedies are aimed at causing strong perspiration, which, according to the participants, frees the body from pathogens. Sweating is caused by drinking plenty of hot beverages (raspberry, currant or honey tea and so on). In addition, the body is rubbed down with alcohol or alcohol containing liquids (vodka, eau de cologne); a wet and cold towel is applied to the forehead of a patient with a fever.

The participants think that infants should not be rubbed with alcohol. Moreover, since many of them are unable to take paracetamol orally, injections become a must. This is how infant care is different from adult care.

The participants are rather superficially informed of ARI prevention methods. Thus, most of them recognize importance of fortifying children against cold and providing adequate nutrition, but very few of them practice, for instance, fortification. This is partly due to weak knowledge about body fortification techniques and partly because of the fear of harming their child. According to participants, they receive most of their information about treating and preventing ARIs from relatives, friends, and neighbors. Television and health workers are rather far from playing the role they are supposed to.

The aforementioned statement leads us to a question: Why are people, asserting that ARI patients should refer to doctors, nevertheless choosing self-treatment and what is necessary to undertake a change to deep-rooted stereotypes of behavior? In our opinion, the main reason is that neither population nor health workers take ARI seriously despite all assurances. Therefore, people knowing beforehand what a doctor can recommend to them still prefer self-treatment. On the other hand, an essential transformation in the attitude towards ARI should not be expected because one of the conditions for improving health services provided to the residents is improving their access to information.

Another reason is most people's illusory profound knowledge about ARI, the symptoms, complications, and treatment. The discussions showed that ideas of people based on their rich experience are rather vague when it comes to mechanisms and causes of ARI.

In this connection, it is important to pay attention to the following area during an ARI educational campaign:

- Symptoms characteristic of ARI **do not always** indicate real ARI and, therefore, a doctor's visual examination and taking certain medical tests may help avoid serious mistakes.
- ARI are the name of a certain group of diseases that have similar mechanisms of occurrence and transmission from a sick person to a healthy person. What results is a **wrong differentiation** of a cold (non-infectious ARI) from a flu (infectious ARI), which takes place among some people.
- Information about ARI prevention, simple methods of body fortification, and maintenance of healthy lifestyles should be accessible to every family. It should include **a set of simple rules of behavior** for raising children, which most participants would be able to observe.
- It is advisable to make information about mechanisms of **increase and decrease of temperature** as understandable as possible. Such information should be written in a simple language and provide people with an understanding of what should be done in the first turn in case of high or low temperature in children and adults.
- In the process of the educational campaign, special attention should be paid to the dangers of improper use of certain methods of ARI treatment which are exercised without physician's indication. For example, use of some narcotic substances (see Chapter III.1 for details), particularly, *kuknar*, which can lead to negative consequences.

Background

In accordance with a "Memorandum of Understanding" signed on October 27, 1997 by the governments of the United States of America and Uzbekistan, USAID/ZdravPlus rendered technical assistance aimed at improving the effectiveness of health care services provided to the rural population of Uzbekistan. In particular, a new model of health care is being introduced in rural areas of the Ferghana Province.

A series of focus-group discussions were held in the Ferghana Province and aimed at further development of the new model and thorough understanding of USAID/ZdravPlus' objectives. In the course of the discussions, knowledge and attitudes of acute respiratory infections (ARIs) of ordinary urban and rural people were studied.

Methodology

In accordance with the specifications attached to the contract concluded between USAID/ZdravPlus and Expert-Fikri firm, the method of focus group discussions was selected for implementing the survey. Selection of participants of discussions was completed in two urban and two rural regions of the Ferghana Province. Lists of groups and criteria for selection of participants are shown in Table 1.

Table 1: The List of Participants of Focus Group Discussions

№	Title of the group	Participants	
		Gender	Age
1	Young mothers with children under 5	female	18-35
2	Young mothers with children under 5	female	18-35
3	Mothers-in law with grandchildren and mothers with children under 5	female	30-50
4	Fathers with children under 5	male	18-50

Location of focus group discussions is indicated in Table 2.

Table 2: Location of Focus Group Discussions

City, village	Region	Mahalla	Group number
Ferghana city	Rishtan	“Tuda”	1
Ferghana city		“Mash’al”	2
Yozyovon village	Yozyovon	“Navruz”	3
Toshloq village	Toshloq	“Furkat”	4

Fieldwork was implemented over the period from September 2-6, 2001. Group discussions were conducted by moderators of the Expert-Fikri Center Khasan Nazarov and Mavluda Eshtukhtarova and assistant Ludmila Prokhorova.

There were no difficulties during the selection process. Inhabitants of residential areas where discussions were conducted readily agreed to participate in them. Discussions took place in isolated premises (as a rule, in the building of village councils) and were recorded on a Dictaphone. Detailed shorthand reports were prepared on the basis of these recordings (see Volume 2: Attachments)

This report was prepared by the project manager Igor Pogrebov on the basis of the scripts as well as on the moderators’ comments.

I. General Awareness of Acute Respiratory Infections (ARIs)

A. What are Acute Respiratory Infections?

Acute respiratory infections are not a very common notion. Normally, people use a series of synonyms that describe akin diseases with similar anamnesis:

- flu;
- running nose;
- cold; or
- sore throat.

People use the abbreviation ARD (acute respiratory diseases) with many of them not knowing what it stands for. They believe that ARD merely describes both flu and cold, and running nose, and sore throat, and so on.

ARD is a bad cold. It’s for example, bronchitis, sore throat, and a cold. Mostly, you have high temperature. We don’t go to a doctor, but try to prevent these diseases. Generally, a cold is accumulation of sputum in the nasal cavity. [A young mother from Group #2]

Often, the participants have erroneous perceptions about ARI and ARD. For instance, a member of the young mothers group suggested that ARI include hepatitis, diarrhea or other diseases pertaining to digestion problems. In this connection, some young mothers even spoke of “stomach or bowel cold.”

Microbes spread this disease. It's common among preschoolers. It's also called an acute infection. Microbes get into intestines through dirty hands and because of eating unwashed fruit. I think that this disease is related to stomach and bowels. [A young mother, Group #1]

B. ARI Symptoms

Due to the prevalence of acute respiratory infections, most participants are familiar with their symptoms. The following are the most frequently mentioned signs of ARI or ARD in a child:

- high temperature;
- loss of appetite;
- cough;
- difficulty breathing;
- running nose; and
- sluggishness and general weakness.

ARI results in moodiness of the child who begins to “whimper” for no reason, refuses to eat and so on. A child’s “breathing with his shoulders” was indicated as one of the symptoms. By this quite common notion, participants understand that a child’s shoulders shiver when he/she breathes is perhaps because when he/she tries to inhale as much air as possible, the child comes across natural obstacles in inflamed respiratory organs.

Not long ago my child caught a cold and started breathing with his shoulders. I've never seen anything like this before and thought like all people think [a demon possessed him]. Then, I found out that he caught a bad cold. I raised three children and this was the first time that I saw something like this. [A young mother, Group #1]

II. Causes and Consequences of ARI

A. Ways of ARI Transmission

The participants are unanimous about ARI transmission: that this is a droplet infection that transmits from a sick person to a healthy one through communicating. “Microbes” and “viruses” are the disease carriers. Here, some participants differentiated between flu and cold. In the opinion of these participants, the flu transmits from one person to another and the cold does not.

I don't think that a cold is a contagious disease. Because when my youngest child would get a cold the older ones didn't contract it. Flu is infectious and cold isn't. [A young mother, Group #1]

The more informed partakers, for example, a nurse from Yozyovon district convinced other participants that a cold is as transmittable as, for instance, tuberculosis; therefore, a cold must not be underestimated.

For example, many mothers are afraid of tuberculosis. But many of them don't realize that a cold is the same kind of a disease, it has the same bacillus that passes from an infected organism to the other healthy one when coughing, having a cold, sneezing and using dishes used by the sick person. Most people think that a cold or cough isn't infectious. This is wrong. What is more, mothers with infants should especially try to decrease the use of public transportation, since they can contract various diseases taking buses. Most diseases regenerate in fall and that's why people should try to leave the house as rarely as possible. [Nurse, 49 years of age. Group #3]

B. Consequences of ARIs

ARIs are dangerous because of their consequences rather than by themselves. Thus, despite the prevalence of ARI and ostensible ease of their treatment, most participants think that these illnesses require timely and

adequate treatment. If these conditions are not met, the complications can be rather serious, varying from bronchitis, anemia, and ear diseases to other chronic diseases. Some participants told about cases of serious complications and even deaths resulting from the wrong treatment ARI which they personally came across. Of course, very few participants understand the mechanism of ARI complications evolution, although many are afraid of complications.

Our relative's son died from a cold. They didn't treat him and he died. [A young mother, Group #2]

My sister-in-law coughed even in the summer. Once she even bled from the mouth and nose because of the cough. My mother-in-law didn't take her to a doctor in time. She thought that it'd just pass. She was at a tuberculosis hospital. She was checked and it turned out she had tuberculosis. She spent 2.5 years in the hospital and put on weight. After treatment she again lost weight. This is because she's got inflamed lungs which should be treated constantly. That's why one should see a doctor if there's any cold or cough. [A young mother, Group #2]

III. Home Treatment of ARIs

A. Home Treatment of Children Less than Five Years Old

Home treatment of adults and children suffering from acute respiratory infections is very common. People gained so much home treatment experience that very few of them refer to doctors when the first symptoms of ARI appear, although most of them claim that it is necessary to see a doctor.

There are two major ARI treatment methods: medication treatment (pills, injections and so on) and use of home remedies (herbs, hot packs, steam inhalation, and so on). Generally, most people do with home remedies at the early stages of the diseases and the following are the most popular of these remedies:

- Iodine application to the back of the patient;
- Various compresses and rub downs (with alcohol, vodka, eau de cologne, mutton and hog fat, vegetable oil, etc.);
- Hot drinks (mostly tea) with fruit and berries high in vitamin C content (lemon, raspberry, currant, and so on).

First, the cough isn't strong. The child doesn't cough often. The temperature may elevate later. To prevent the cough, we apply iodine to the back or soles of the child's feet. We also do hot baths and sodium bicarbonate inhalations. We can't treat infants this way because they can't breathe with steam. But we can talk 3-4 year olds into doing this. [A young mother, Group #1]

We prefer our own, traditional methods. We're often indicated to take shots, but we have financial difficulties. My daughter often has a sore throat. We do chamomile baths and oil rubdowns. If this doesn't work, we rinse her throat with sodium bicarbonate solution adding 3-4 drops of iodine to it. [A young mother, Group #2]

Our mothers and grandmothers know methods of herb treatment. Our mother-in-law lives with us. She boils vegetable oil for 10-15 minutes in a bottle and also rubs the child with this oil. She has advised me to do so. When my son caught a cold, I did what she said and it worked perfectly. [A young mother, Group #2]

My husband brings mutton fat, and then he finely cuts red onions and fries them in this fat. After frying he mixes the onions with honey. We apply this mixture to our children's back and massage. Once he got bear fat which looked like balm. When I caught a bad cold, he rubbed this fat on my back and in one hour the pain was gone. It was so painful I thought I'd die. My husband knows such things better than me. [A young mother, Group #2]

If no changes occur in the disease development in 2-3 days, participants refer to doctors and begin intensively using various drugs. The following antibiotics are most common:

- ampicilinum;
- biceptolum; and
- penicillin.

Not long ago my son caught a cold outdoors; his temperature elevated. At first, we thought that he had a high temperature because he was teething. 2-3 days later he stopped eating and began to get weaker. We had to see a doctor. Now he is receiving treatment at a hospital in Fergana. He's in normal condition now. [Man. Group #4]

It should be noted that anti-fever medicines (aspirin, paracetamol, etc.) can also be used on the first day when the disease produces some signs. At this point, most participants are biased against aspirin, while they give their preference to paracetamol. They consider blood thinning, which is caused by aspirin, harmful for children. The partakers learn about drug dosage at drugstores or from leaflets attached to medicines. One of the participants asserted that it was necessary to give children one quarter of an adult dose.

In the case of sore throat, respondents commonly practice various external neck hot packs along with rubdowns and rinsing directly the nidus of inflammation with different solutions, and drinking of the solutions that come into close contact with the focus of injury. Alcohol and alcohol containing solutions (vodka and eau de cologne) are used for external compresses along with hot ashes from the *tandir* (traditional clay oven), which, apparently, stays hot for a long time. People use both alcohol and alcohol containing solutions and medications (lugol, furocelinum, pectusinum, and so on) for rubbing infected areas. They commonly drink hot milk with honey and butter.

Some participants described rather extravagant methods of affecting niduses of infection in the case of sore throat. In one of the young mothers groups, the members said that they gave their children Vaseline "to soothe the throat." The men's group said that egg white taken from an egg put into boiling water for a little while had a very good effect. Some participants offered very specific cures as, for example, applying kerosene or urine to the throat. In Group #3, participants claimed that they are used to making small cuts on a child's ears when he/she has a sore throat saying that this way, the sore throat recovers sooner.

...before this [BEFORE APPLYING SOMETHING] you should slightly scratch the throat. You do this to allow kerosene to get inside the sore throat. Moderator: Does this help? Participants: Yes, it does. This is the way we treat sore throats. [Group #4]

I rub my back and body with urine and I even make a urine wrapping for the throat. I even let them drink [my own urine]. To be honest, I drank urine when I had a cold, here I should speak the truth [LOOKS AT OTHER PARTICIPANTS, BUT THEY HAVE A NORMAL REACTION TO THIS, THEY ACCEPT THIS AS NORMAL EVERYDAY OCCURANCE]. I felt great and I've been using this method up until now. [Woman, 50 years of age, Group #3]

In the case of running nose, the participants listed different liquids that they inject into the child's nose. Some liquids are medications sold at drugstores (Naftizinum); others are vegetable juices (onion, garlic). According to the participants, the last remedy is quite effective despite the painfulness of the procedure. In the case of cough, respondents use both medications (Mucaltinum, Bromhexinum, Corflam) as well as inhalations using the steam of boiling vegetables and boiling water with sodium bicarbonate.

First, the cough isn't strong. The child doesn't cough often. The temperature may elevate later. To prevent the cough, we apply iodine to the back or soles of the child's feet. We also do hot baths. And sodium bicarbonate inhalations. We can't treat infants this way because they can't breathe with steam. But we can talk 3-4 year olds into doing this. [A young mother, Group #1]

There is a series of universal methods and remedies used generally in the case of ARI which according to the participants affect the whole course of the disease. One of such universal remedies is an herb called "isirik" which is used as an antiseptic. As said by most participants, smoke from the burning of this herb sanitizes the environment in the sick person's house. The participants make a liquor from it which they drink and use for compresses and baths. Liquors made from various fruits and herbs are, in general, quite popular. They usually add honey and use as a beverage. Black mulberry, nightshade berry, and other juices are also used as beverages.

When the first symptoms of ARI appear, the participants use several complex treatment methods in addition to medications. It is supposed that these methods cure the sick person:

- Keeping a sick person warm (provided that he/she has a normal temperature);
- Giving him/her plenty of fluids; and
- Cleansing infected sites.

Most participants suppose that when keeping the sick person warm – especially when he/she perspires profusely – microorganisms that caused the disease die or “come out” with sweat. Exactly for this reason it is necessary to provide plenty of fluids along with heat. Infected site cleansing (for example, scraping infected patches off the throat) is also considered to be extremely effective.

Finally, we should mention a rather specific ARI treatment and prevention method such as use of “kuknar” [a narcotic]. Here is what participants from the men’s group uncovered:

6th participant: “It would be really good if our government legalized use of kuknar for cold treatment and cough, cold prevention. One kuknar head is mixed with two spoonfuls of black raisins. That’s how it is prepared.”

Moderator: “And what do you do if a child has a cough?” 6th participant: “Some do this, I mean, some people find this stuff and use it. And we see that their children don’t fall ill.” And we right away run to a drugstore for a cough medicine which is of little use or we give them the same syrup which is simply more expensive.” [Group #4]

The partakers attribute wonder drug effects on a disease to some remedies. For example, it was asserted that fat tail or *kaymak* (very rich cream cheese), which should be considered not only in terms of food, but as medicine as well. For instance, onions fried in fat tail or butter literally works wonders. Here is the story that one of the women told us.

This was done before afternoon and night sleep of the child. The next day he didn’t cough at all. We easily prevented a disease this way. Then I wanted to show him to a doctor, but my co-workers at kindergarten – elderly people who have many grandchildren – advised me to and themselves quickly found butter and did everything themselves. Temperature normalized. [Woman, 33 years of age, Group #3]

And here is a story of a man about his experience of interacting with traditional healers:

The other day my daughter fell ill and we went to a doctor. There, we had some tests and a doctor said that it will pass. But she didn’t feel any better, and then we went to the woman who prepared us a medicine and this medicine helped my daughter recover to her feet the same day. Before this, the child laid in bed for two days without eating. She said that she prepares her remedies from natural vulnerary plants, but she didn’t give a recipe for preparing the medicine. Before this instance, I didn’t trust the healers, but this time because of helplessness, we decided to try and use her medicine, and only in two hours the child felt better. [Man. Group #4]

The participants believed that traditional, home remedies were preferable without diminishing the importance of modern ARI treatment methods. The reasons for such an opinion are not only based on the fact that most of these methods have been tested for a long historical period, but also the insolvency of people when it comes to buying drugs which have a quick effect and have no contraindications. Thus, conservative traditional treatment is preferred. Also, because ARIs are not as dangerous as some other diseases where immediate intervention with the use of strong modern medications is vitally important. Therefore, poverty of the population encourages them to use traditional methods.

We should use traditional medicine more frequently. For example, not long ago my child fell ill, he was 2-3 months old and I was recommended to give him syrup made from black mulberry. After 1-2 intakes of this syrup my child recovered from the cold. Once I distressed my baby with medical intervention because that time doctors gave him an ampicilinum shot and he developed diathesis. Then my child wasn’t even 40 days old. That’s why I should more often use traditional

medicine. I don't want to attack the dignity of medicine, but we should also rely on traditional medicine. [Woman, 33 years old, Group #3]

It should not be assumed that wide use of home remedies for ARI treatment testify that every time when people come across the disease they do not face the problem related to its treatment. In any event, most respondents do not have accurate and exhaustive information about treatment of acute respiratory or intestinal infections. For example, the following acknowledgement demonstrates this:

We also until recently were children, and only now we begin to learn how to protect our children from any diseases, to treat them, to look after them. For example, recently my daughter had running stool, and we didn't know what to do. We went to doctor. This happened to me too, but I was always treated only with manganese solution. I drank this solution and always recovered. No other medicine helped me. But we didn't want to try this on a small child, because we can't do it without a doctor's advice. [Man. Group #4]

B. Food and Drinks for Children with ARI Less than Five Years Old

The participants suggest that food intake of children less than five years old with ARI be organized in the following manner. Since desire for food in a child quickly decreases, the child should be fed less frequently than usual. At this point, the food should consist of soups (mastava, shurpa) or broths. The child may be given grated apples, carrots, and juices to work up his appetite.

On the contrary, the child should receive more fluids than usual since the body loses a lot of fluids during ARI. It is best to give children boiled water or milk.

When temperature is high, you give more fluids because the body dehydrates. That's why one should often give boiled water. [A young mother, Group #2]

The child should eat depending on his appetite. If he does not want to eat, then you should give more boiled water because medications aren't always handy, especially at night. In these cases you should give more boiled water. You should also apply a piece of cloth soaked in cold water, but for a little while because there's a risk of spasms. Then you can give paracetamol. [Woman, 50 years of age, Group #3]

C. Nutrition of Infants Less than Six Months of Age with ARI

Naturally, an infant's diet should not include any of the foods consumed by adults (soups or meat broths). Most participants suppose that infants should be fed exclusively with breast milk and given boiled water or juices to drink.

D. Clothes and Course of Treatment of Children with ARI

Clothing of children with ARI should be rather light even in winter. In most participants' opinions, it is important to watch that the child does not sweat in his clothes. Most of them assume that the child's feet ought to be always warm – even when he is healthy. Sick children should skip classes or kindergarten until they are healthy.

The child's feet should be dressed warmly because first the leg begins to get cold. In our family even my husband keeps repeating to his grandchildren to always wear shoes because the cold comes through the feet. Especially now in fall because the chances of catching a cold increase. Because now weather is good on one day and bad on another day – these changes in weather can affect the health of children. [Woman, 46 years old, Group #3]

IV. Temperature

A. Understanding High Temperature

None of the participants expressed the idea that temperature elevates due to the body's reaction to infections. Some said that temperature rises when a disease "comes out." The participants also know that different parts of the body have different temperatures, and that the temperature of an internal organ is much higher than the temperature of skin. Any temperature higher than 37 degrees Celcius is considered to be high. Almost everybody agrees with this opinion.

Temperature can be accurately measured with a thermometer. Conversely, most participants stated that they could measure temperature roughly by pressing their hands or lips to a child's forehead.

B. General Care for a Child with a High Temperature

As it was mentioned above, common care for a child with high temperature consists of activities aimed to decrease it in various ways. Thus, they use rubdowns (with alcohol and alcohol containing solutions, and vegetable oil) and anti-fever medications (aspirin, paracetamol, etc.). Paracetamol is preferred to aspirin. Sometimes, unusual substances (for example, urine) are used for rubbing.

Once my baby had a high temperature at night and I didn't know what to do. I heard about urine. I rubbed him with urine and then with vodka; it helped. I don't know whether urine or vodka helped. My son was one year old back then. [A young mother, Group #1]

In accordance with the partakers, a child with a high temperature should be put in bed and applied a towel soaked in cold water to his forehead. In general, opinions about anti-fever matters differ considerably.

I think that in the case of high temperate, soups should be fed, even forced because these also bring down temperature. Hot foods decrease temperature. [A young mother, Group #1]

Watermelon also brings down temperature. It cleanses a body and temperature goes down. [Group #1]

They should drink peach compote. And they can eat fresh peaches. They're good cleansing for an organism. With high temperature it's also useful to eat apples. A child himself wants to eat this stuff because he loses sense of taste. [A young mother, Group #1]

They should eat watermelons. Because a watermelon is a diuretic; temperature comes out with urine. My daughter eats very little at this time. [A young mother, Group #2]

Most participants believe that giving plenty of fluids is necessary and therefore, a child with high temperature should receive more liquids, trying to make him sweat, because pathogens come out with sweat.

Even if I'm slightly inattentive, his temperature rises. I'm mostly afraid of temperature and that's why first of all I try to bring it down. Normal temperature is far more important for me than the cough. Thus, I try to give more boiled water because I heard that a lot of boiled water washes away different microbes from the child's body. That's why, when my baby has a temperature I let him drink plenty of boiled water (naturally I cool it down). [Woman, 33 years, Group #3]

4th participant: "I know that temperature is difficult to prevent, but it can be stopped in the beginning when it only begins to rise. By antibiotics, ampicilinum or injections, novocaine: Through this the child begins to sweat and thus gets his body rid of fever and microbes." 7th participant: "They say that one comes to his feet sooner if he sweats it out." [Group #4]

Generally, the participants thought that children with a fever should be fed with thin soups, broths; in a word, with easily digestible foods. Food should be given when the child wants to eat without forcing food. Children with high temperatures should be given more fluids – more than usual; however, again one should try not to force liquids.

C. Care for an Infant with a High Temperature

In the opinion of the participants, care for an infant with a high temperature somewhat differs from care for older children. Thus, they believe that infants should not be rubbed with alcohol. The most popular anti-fever drug is Paracetamol; however the participants claim that they have to give their children injections because children cannot take medicines orally.

D. Concepts about Low Temperature and Care for a Child with a Low Temperature

The participants have a rather unclear understanding of low temperature. Most of them were unable to even answer the question of what temperature should be considered low for a human. Some of them, relying on their experience, stated that young children do not have low temperature. Temperature lower than 36 degrees is thought to be low.

8th participant: "I heard about this, but I don't know much about it. I heard that low temperature in a child occurs when some kind of microbes get into the child's organism. In this case, the body increases temperature and disposes of this microbe from the body, but the temperature outside the body doesn't get higher." 6th participant: "This is called an internal temperature." 8th participant: "I learned this on television, when I saw a medical show on tips for young mothers." [Group #4]

One of the participants – a nurse by profession – asserted that low temperature was far more dangerous than high temperature since the latter can be decreased and low temperature is allegedly very difficult to increase.

Low temperature is far more dangerous than high temperature because it's easy to subdue a fever and low temperature is difficult to normalize. That's why we always tried to help in the first turn patients who had low temperature within 34-35 degrees. This is very dangerous. We gave vitamins and applied hot bottles to the feet of children with low temperature. We kept them warm until the temperature rose. When temperature rises a child becomes lethargic and weak. And in case of fever, gets more active...Low temperature can only be determined with a thermometer. Here, it's absolutely clear that feeling and other methods used in case of fever can tell very little. [Woman, 50 years, Group #3]

For nearly all participants, causes for temperature decrease are unclear. Some of them stated that temperature decreases in the presence of anemia. Low temperature ought to be treated through giving a sick person hot tea, hot food, vitamins, and so on.

V. Referral for Medical Assistance

It has been mentioned above that people do not refer to doctors immediately after ARI symptoms occur. First, they try to decrease temperature through home remedies, since according to the majority, high temperature is the first symptom of the disease.

Before temperature increases we use home treatment and after it rises we go to a doctor. [Group #1]

For example, if a child has a high temperature and it falls after we give him a tablet, we don't call a doctor. But if it rises again we call for a physician. [A young mother, Group #2]

Most people refer to a doctor only when symptoms become stable. For example, temperature does not decrease and cough turns worse from day to day and so on. However, some people go to doctors as soon as the first ARI symptoms are produced. These are the ones who suppose that a child cannot overcome a disease without pharmaceutical intervention.

...once my child begins to cough his temperature rises He doesn't recover unless we give him antibiotic shots. That's why I refer to a doctor right away. His organism is probably very weak and that's why the temperature rises even with a weak cold. [A young mother, Group #1]

Most people do not refer to doctors probably because they know what a doctor may prescribe. They are often right: a doctor prescribes the medications and procedures already known to the participants. Unfortunately, some doctors provide serious grounds for doubting their competence.

To prevent a cough or cold and so on, it is necessary to have a doctor who you can trust. Because, for example, once I took my child with a cold to the doctor, he was then 3 or 4 months old. The doctor prescribed biseptolum, but I didn't give it to the child. In two months, the child got sick with diarrhea. I again came to a doctor and he again prescribed biseptolum. I again didn't give it him. In my childhood, I had a kidney disease and knew that biseptolum was used for kidney treatment and not for cold or fever. I thought that a 3-month-old child couldn't have a kidney disease, and didn't give him this medicine. I cured him myself using recommendations of other people, doctors. That's why I don't trust my child to some doctors, sometimes it is even dangerous. [Woman, 33 years of age, Group #3]

The other day my daughter fell ill and we went to a doctor. There, we had some tests and the doctor said that it will pass. But she didn't feel any better, and then we went to a woman who prepared us a medicine and this medicine helped my daughter recover to her feet the same day. Before this, the child laid in bed for two days without eating. She said that she prepares her remedies from natural vulnerary plants, but she didn't give us the recipe for preparing the medicine. Before this incident, I didn't trust the healers, but this time, because of helplessness, we decided to try and use her medicine, and in only two hours my child felt better. [Man, Group #4]

Thus, only serious and continuous symptoms make some people refer to doctors. The majority tries to figure out treatment of sick children independently.

If home treatment doesn't work, we go to a doctor. [A young mother, Group #1]

We only go [to a doctor] when we can't tolerate it anymore. We act depending on conditions. Either this or that. [Young mother, Group #1]

First, we do what our mother-in-law recommends and then we go to a doctor [A young mother, Group #1]

VI. ARI Prevention

A. Awareness of Pneumonia and its Prevention

According to most participants, pneumonia or lung inflammation is a serious and dangerous disease. Common signs of pneumonia are:

- Stable high temperature;
- Crepitating in lungs; and
- Accumulation of sputum in lungs which is not released with cough.

Nearly all participants believe that pneumonia is a lethal disease if treated untimely and improperly. Many of them heard about cases where somebody's "lungs rotted" and he died. Pneumonia can even lead to tuberculosis.

My sister-in-law died. They took some tests. It turned out that her internal organs rotted. She had tuberculosis. She was at a hospital and while they were getting her medicine, she died. [A young mother, Group #2]

B. Cough and Cold Prevention

Most participants consider ARI prevention crucial, since it is easier to prevent a disease than to treat it. It is obvious that children should be fortified against colds: taken out into the fresh air and bathed in warm (neither cold nor hot) water. It's very important to dress children so that they do not sweat in their clothes. According to some partakers, it is very dangerous to perspire in synthetic clothes (it is admissible in cotton clothes).

The most important thing is to keep your feet warm. When I studied at school, our teacher would always tell us to keep our feet warm. If feet are warm, the child won't get sick. Even if you drink cold water, you won't fall ill. Children younger than five years old often catch colds and cough. We gargle with edible soda solution, apply iodine. If temperature rises at night, you can't go to a doctor. You should wait until morning. If you call an ambulance, you'll only get a dimedrol shot. The best you can do to bring down temperature is to rub the person with alcohol, vodka. But this is also temporary. But you should anyway get the course of treatment. [A young mother, Group #2]

Adequate nutrition of children, intake of vitamins, and other useful substances is also crucial for ARI prevention and countering infections. The participants also know that a person with ARI should be isolated from other family members to prevent their infection.

C. Channels of Information on ARI

The main channels of information about ARI and its treatments:

- Older family members, other relatives;
- Neighbors and friends;
- Doctors, nurses and healers; and
- Television.

Presentation order of information channels reflects their priority of perception by the participants. This order also testifies that there are very few TV shows that people could recall and which acted as an aid in receiving information about ARIs. As a rule, the closest relatives and neighbors are the main information sources on ARIs. Their experience serves to the young parents in overcoming childhood illnesses.

At the same time, the need for information pertaining to ARI is rather high. The participants asserted that they would like to learn more about all ARIs, in particular, about sore throat, cold, temperature, and cough. Information about first aid rendered to the ARI patients should also be clear and understandable. So far, many of them have to be content with incomplete information from TV shows.

On the television, they show that we absolutely shouldn't give new milk to children less than two years of age. Giving new milk became a tradition or like a habit in Uzbek families; we bring milk to children right after milking a cow. Until the age of two years, they broadcast it on TV yesterday that we shouldn't give anything but breast milk. [Man. Group #4]

VII. Conclusion

This report presents the results of focus group discussions pertaining to awareness and practices of rural residents of surveyed districts in the Ferghana area on acute respiratory infections (ARIs). The discussions showed that most participants have a quite good understanding of ARI symptoms and home treatment methods. Various ARI home treatment methods were indicated during the discussion.

In addition, the discussion participants demonstrated some knowledge about ARI complications. They also have some knowledge about ARI transmission channels; however, their knowledge is limited to general information that ARI are droplet infections.

The participants showed excellent knowledge and even refinement in areas related to ARI home treatment. Various methods and remedies (including medicinal herbs and plants) which help treat ARI were listed. The participants have sufficient and complete knowledge of how and what fluids and food they should give to their children with ARIs.

Although they know anti-fever methods well enough, the participants poorly understand the mechanisms of human temperature elevation and decrease. While high temperature and anti-fever methods are known to practically everyone, very few people know about low temperature and its normalization techniques.

Most participants responded that they prefer to treat ARI at home without referring to doctors, although many of them recognized the importance of medical assistance. Disagreement of words and real practice of referring to doctors because of ARI is, in our opinion, due to prevalence of these illnesses and rich practice of their home treatment. Besides, doctors themselves provide grounds for not referring to them for ARI treatment by prescribing drugs and treatment methods which are well known and have a long history of application. People have to refer to doctors when home treatment does not help to improve the condition.

Pneumonia and lung inflammation are considered to be the most dangerous symptoms of ARI. Most participants are aware of this disease; however, very few of them know why it occurs and what to do to prevent pneumonia. The participants have a rather superficial knowledge about ARI prevention. It is limited to adequate nutrition and fortifying children.

The participants learn surprisingly little information on ARI from mass media. Perhaps, only during an influenza epidemic is extensive information on its prevention and treatment provided through mass media. In daily life, main channels of information are relatives, neighbors and friends, and only sometimes health workers, and very rarely it is television.

Volume 2: Attachments

A. Moderator's Guide for Conducting Focus Group Discussions (In Russian)

1. Вступительное слово

- A. *Вступительное слово.* Здравствуйте. Меня зовут _____ и я работаю в Центре социальных исследований “Эксперт” в Ташкенте. Я думаю, что большинство из вас раньше не участвовали в такой беседе как та, которую мы будем проводить. Я хочу поблагодарить вас за то, что вы нашли время для этой беседы. Сегодня мы будем говорить о некоторых вопросах, связанных с острыми респираторными инфекциями и температурой, далее мы будем называть это ОРИ. Иногда у нас их называют ОРЗ (острые респираторные заболевания).
- B. *Цель дискуссии.* Нашей главной целью является узнать, что ЛИЧНО ВЫ думаете и знаете по тем вопросам, которые мы будем обсуждать. Я не буду выступать как эксперт и учить вас чему-нибудь, а наоборот – ВЫ САМИ будете говорить все, что вы знаете или думаете. Кроме вашей группы у нас будет еще несколько групп в разных районах Ферганской области. Результаты этих бесед будут использованы для того, чтобы помочь избежать ОРИ, и подготовить некоторые обучающие материалы, касающиеся важных вопросов детского здоровья.
- C. *Методика проведения дискуссии.* Вот несколько основных правил нашей дискуссии.
- Наша дискуссия продлится приблизительно 2 часа и будет записываться на магнитофон. Некоторые записи будет делать также моя помощница. Все это делается для того, чтобы мы не упустили ни одной вашей мысли или идеи. Я хочу заверить вас, что никто, кроме исследовательской группы не услышит того, о чем вы сегодня будете говорить. Ваши фамилии и имена нигде в отчетах упоминаться не будут.
 - Во время нашей беседы не может быть правильных или неправильных ответов. Мы хотим услышать все, что вы думаете, основываясь на ваших убеждениях и опыте. Можно не соглашаться друг с другом, высказывать положительные и отрицательные замечания. Если вы не согласны с кем-либо из говорящих, пожалуйста, высказывайтесь. Чувствуйте себя совершенно свободно.
 - Важно, чтобы мы слышали каждого, так что, пожалуйста, говорите громко, когда у вас есть, что сказать. Так как мы ведем запись, пожалуйста, постарайтесь говорить по

очереди, потому что только так мы сможем услышать каждого говорящего. Постарайтесь, чтобы ваши ответы были краткими. Наша задача в этой беседе – собрать разные мнения.

- Я не буду высказывать своего мнения. Моя роль – направлять беседу таким образом, чтобы каждый получил шанс говорить и быть услышанным. Если я прерву вас и перейду на другую тему, пожалуйста, не обижайтесь. У нас много тем для обсуждения и мне иногда нужно быстро переходить с одной на другую. Мы можем больше поговорить после дискуссии, если вы чувствуете, что что-нибудь было упущено.
 - (УБЕДИТЕСЬ, ЧТО КАЖДЫЙ ЗНАЕТ, ГДЕ НАХОДИТСЯ ТУАЛЕТ И Т.Д.) Если вам необходимо выйти во время дискуссии, не стесняйтесь сказать об этом.
 - Есть ли у вас какие-нибудь вопросы?
- D. *Представление участников.* Я хотел бы начать по кругу и пусть каждый из присутствующих представит себя сам, назовет свое имя, чем он занимается, расскажет немного о своей семье и так далее. Пожалуйста, начнем с...

2. Общая информированность об ОРИ

- A. Сначала немного поговорим об ОРИ в целом. Что вы знаете об ОРИ?
- Что такое ОРИ? Что вы понимаете под этими словами – острые респираторные инфекции или острые респираторные заболевания? [ЕСЛИ НИКТО НЕ УПОМЯНЕТ О КАШЛЕ ИЛИ ПРОСТУДЕ, ТО ОБЪЯСНИТЕ ГРУППЕ, ЧТО МЫ ПОДРАЗУМЕВАЕМ ПОД СЛОВОМ ОРИ.]
 - Какими другими названиями и словами вы называете ОРИ или ОРЗ? Назовите эти названия или слова, если они имеются?
- B. С какими признаками, симптомами ОРИ вы знакомы? Как вы узнаете, что у кого-то имеется ОРИ?
- C. Как, каким образом, по вашему мнению, люди «подхватывают», получают ОРИ?
- D. Что случается, если кто-либо не лечит ОРИ?

3. Домашнее лечение

- A. Мы хотим поговорить с вами о здоровье ваших детей, которым меньше пяти лет. Мы не хотим сглазить здоровье ваших детей, пусть они будут здоровы, но, к сожалению, бывает так, что дети простужаются и болеют? Знаете ли вы, как лечить ребенка, если ребенок болен ОРИ, у него кашель или простуда? Прежде всего, давайте поговорим о том, как бы вы его лечили дома? Как, по вашему мнению, надо лечить такого ребенка? ЕСЛИ НИКТО НЕ УПОМЯНЕТ О ЛЕКАРСТВАХ, ТО СПРОСИТЕ:
- Дали бы вы ребенку какие-либо лекарства? Если да, то какие лекарства вы дали бы ребенку? Дали ли бы вы ребенку какие-либо лекарства, приготовленные из трав?
 - Что вы делаете обычно, если у ребенка течет из носа? Знаете ли вы, что необходимо делать?
 - Что вы делаете обычно, если у ребенка воспалено горло? Знаете ли вы, что необходимо делать?
 - Что вы делаете обычно, если у ребенка кашель? Знаете ли вы, что необходимо делать, если у ребенка кашель?

- В. Как вы обычно кормите ребенка, если у него появился кашель или простуда? Знаете ли вы как его следует кормить?
- Следует ли давать ребенку столько же еды, как и обычно, больше еды или меньше еды?
 - Даете ли вы ребенку, у которого появился кашель или простуда, специальную еду? Какую именно еду?
- С. Как вы обычно поите ребенка, если у него появился кашель или простуда? Как необходимо поить ребенка?
- Следует ли ему давать какое-либо специальное питье?
 - Следует ли давать ребенку больше жидкости, чем обычно, столько же, сколько обычно, или меньше жидкости, чем обычно? А сколько питья вы даете обычно – больше или меньше?
- Д. Знаете ли вы что необходимо делать, если кашель или простуда случились у грудного ребенка до 6 месяцев? Как бы вы лечили грудного ребенка, у которого кашель или простуда?
- Как бы вы кормили грудного ребенка?
 - Как бы вы поили грудного ребенка?
 - Что бы вы давали ему, кроме грудного молока?
- Е. Должен ли ребенок, у которого кашель или простуда, находиться в особом тепле или его следует одевать как обычно? А как вы одеваете ребенка, у которого кашель или простуда?
- Ф. Должен ли ребенок, у которого кашель или простуда, как всегда, продолжать играть, ходить в детский сад или школу или ребенок должен быть дома? А что делает ваш ребенок в таких случаях? ЕСЛИ НИКТО НЕ УПОМЯНЕТ О ТОМ, ЧТО РЕБЕНОК ДОЛЖЕН БЫТЬ В ПОСТЕЛИ, СПРОСИТЕ:
- Следует ли держать простуженного ребенка в постели? Держите ли вы его обычно в постели?
 - Что еще вы предпринимаете из того, что мы не обсудили, когда у ребенка кашель или простуда?

4. Температура

- А. Поговорим немного о температуре. Какие из причин могут вызвать у ребенка высокую температуру?
- А как вы обычно определяете температуру ребенка?
 - Знаете ли вы как определять температуру ребенка? Что вы считаете высокой температурой? [ЕСЛИ УЧАСТНИКИ НЕ УПОМИНАЛИ ГРАДУСЫ, СПРОСИТЕ О ЦИФРАХ.]
- В. Как вы обычно ухаживаете за ребенком с высокой температурой? А как необходимо ухаживать за ним? ЕСЛИ НИЖЕПРИВЕДЕННЫЕ ТЕМЫ НЕ БУДУТ ОСВЕЩЕНЫ, ЗАДАЙТЕ СЛЕДУЮЩИЕ ВОПРОСЫ:
- Дали бы вы ребенку при высокой температуре какие-либо лекарства? Если да, то какие лекарства вы дали бы ребенку?

- Как вы обычно кормите ребенка, если у него появилась высокая температура? Следует ли давать ребенку столько же еды, как и обычно, больше еды или меньше еды? А сколько еды вы даете обычно – столько же, больше или меньше? Даете ли вы ребенку, у которого появилась температура специальную еду? Какую именно еду?
 - Как вы обычно поите ребенка, если у него появилась высокая температура? Как необходимо поить ребенка при высокой температуре? Следует ли ему давать какое-либо специальное питье? Следует ли ребенку давать столько же жидкости, как и обычно, больше жидкости или меньше жидкости?
- C. Знаете ли вы что необходимо делать, если высокая температура случилась у грудного ребенка? Как бы вы лечили грудного ребенка с высокой температурой? Как бы вы, кормили грудного ребенка с высокой температурой? Как бы вы поили грудного ребенка с высокой температурой?
- D. Что вы думаете о низкой температуре? Какие из причин могут вызвать у ребенка низкую температуру? Что вы считаете низкой температурой? Как вы определяете, что у ребенка ненормально низкая температура? [ЕСЛИ УЧАСТНИКИ НЕ УПОМИНАЛИ ГРАДУСЫ, СПРОСИТЕ О ЦИФРАХ.]
- Как бы вы ухаживали за ребенком с низкой температурой?

5. Обращение за медицинской помощью

- A. При каких обстоятельствах вы бы привели ребенка с кашлем, простудой или температурой к доктору или медицинскому работнику? ЕСЛИ НИЖЕПРИВЕДЕННЫЕ ТЕМЫ НЕ БУДУТ ОСВЕЩЕНЫ, ЗАДАЙТЕ СЛЕДУЮЩИЕ ВОПРОСЫ:
- Отвели бы вы ребенка к доктору или к медработнику, если у ребенка высокая или низкая температура? Если да, то при какой температуре? Как долго должна держаться эта температура, прежде чем вы обратитесь за помощью к доктору, медработнику?
 - Если ребенок не дышит нормально, как обычно, то обратились бы вы к доктору, или медработнику? Как вы определяете, что ребенок дышит ненормально? Через какое количество времени вы обратились бы к доктору, если ваш ребенок дышит ненормально, не как обычно?
 - Обратились бы вы к медработнику, если грудной ребенок дышит ненормально, не так как обычно? Если грудной ребенок не дышит нормально, как обычно, то как долго вы ждали бы, прежде чем обратиться к доктору, медработнику?
 - Обратились бы вы к доктору или медработнику, если бы ребенок ел и пил не так как обычно? Если ребенок не ест и не пьет нормально, как обычно, то как долго вы ждали бы, прежде чем обратиться к доктору, медработнику?
 - Обратились бы вы к медработнику, если грудной ребенок сосет грудь не так как обычно? Если ребенок не сосет нормально, как обычно, грудь, то как долго вы ждали бы, прежде чем обратиться к доктору, медработнику?
- B. При каких еще обстоятельствах вы привели бы ребенка с кашлем, температурой или простудой к доктору или медработнику?

6. Предупреждение, профилактика

- A. Слышали ли вы о том, что кашель или простуда оборачиваются воспалением легких или болезнью, которая называется докторами «пневмония»? Далее в обсуждении мы будем называть пневмонию «воспаление легких».

- Скажите, как вы определяете, что у ребенка воспаление легких?
 - Опасно ли воспаление легких? Может ли кто-либо умереть от воспаления легких?
- В. Знаете ли вы, что вы можете сделать для того, чтобы предотвратить кашель или простуду? ЕСЛИ НИЖЕПРИВЕДЕННЫЕ ТЕМЫ НЕ БУДУТ ОСВЕЩЕНЫ, ЗАДАЙТЕ СЛЕДУЮЩИЕ ВОПРОСЫ:
- Если кто-либо в семье закашлял или простудился, что вы можете сделать для того, чтобы снизить вероятность того, что остальные члены семьи заболеют этой же болезнью?
 - Что может быть сделано для того, чтобы предотвратить температуру?

7. Заключение

- А. Мы говорили много об ОРИ, в том числе о кашле, простуде, температуре или воспалении легких. Есть что-либо из того, что вы хотели бы сказать по этим темам, по вопросам, которые мы с вами не обсудили?
- В. Мы готовим к печати материалы (брошюры, плакаты, листовки) по вопросам, которые мы с вами обсудили. Есть ли у вас какие-либо вопросы или проблемы, которые касаются ОРИ (кашля, простуды или температуры), и которые вы хотели бы обсудить с нами для того, чтобы получить из этих материалов больше информации?
- С. Если вы хотите получить более полную информацию об ОРИ и их признаках (кашель, температура, простуда и т.п.), то к кому вы обычно обращаетесь за необходимой информацией о лечении? К кому вы обратитесь, если вам потребуется необходимая информация об ОРИ? ЕСЛИ НЕ БЫЛ УПОМЯНУТ НИКТО КОНКРЕТНО, ТО СПРОСИТЕ, КТО ИМЕННО – ЧЛЕНЫ СЕМЬИ, РОДСТВЕННИКИ, СОСЕДИ, ВРАЧИ, ПЕДИАТРЫ, МЕДСЕСТРЫ, ТАБИБЫ И Т.Д.
- Почему именно к этим людям?